

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32548**

FILED NOV 15 1948

Registration District No. **228**

Primary Registration District No. **2000**

Registrar's No. **991**

1. PLACE OF DEATH:

(a) County **Greene**
(b) City or town **Springfield**
(c) Name of hospital or institution: **Burge Hospital**
(d) Length of stay: In hospital or institution **2 Days**
In this community **51 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Lois Vivian Burney**

3. (b) If veteran, name war **none** 3. (c) Social Security No. **none**

4. Sex **female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Dwight W. Burney** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **July 23, 1897**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
51 3 18 hr. min.

9. Birthplace **Greene County, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Sam Cook**
13. Birthplace **unknown Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Emma Bassett**
15. Birthplace **unknown Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Roy E. Cook**
(b) Address **R.F.D. #3, Springfield, Mo.**

17. (a) **Burial** (b) Date thereof **11/14/1948**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Hazelwood Cemetery**

18. (a) Signature of funeral director **Fred C. Thieme**
(b) Address **Springfield, Missouri**

19. (a) **11-13-48** (b) **W. H. Hensley MD**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Greene** **39**
(c) City or town **Rural - Strafford**
(If outside city or town limits, give "RURAL")
(d) Street No. **Strafford R.F.D. #2**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **November** day **11th**
year **1948** hour **5:50P.M.** minute **11** M.

21. I hereby certify that I attended the deceased from **10 Nov 48**
11 Nov 48
that I last saw her alive on **11 Nov 48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**
uraemia
Due to **Hypertension Ch**
Due to **Nephritis Chronic**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **None**
Of autopsy

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **no**
(b) Date of occurrence **none**
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury **✓**
23. Signature **Newton W. Hensley** (M. D. or other)
Springfield Mo. Date signed **12 Nov 48**

12.16.3
[illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Fred C. Thiesma*

Licensed Embalmer No. 2899

P. O. Address Springfield, Mo.

Note: The [redacted] MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.